



HOME Tenant Based Rental Assistance

VERIFICATION OF WAGES

RE: _____ Social Security Number: _____

Applicant's Name (print)

Dear Employer:

The person listed above is a participant in a federally assisted housing program. We are required by federal regulations to verify the income of all program participants. Please complete all of the information below. Thank you for your assistance.

By signing below, I authorize the release of this information.

Participant Signature: _____ Date: _____

PLEASE ATTACH A COPY OF CURRENT PAYCHECK STUB

Date employment began: _____

Date employment ended: _____

Number of hours worked per week: _____

If number of hours is inconsistent, provide average: _____

Hourly wages: \$_____ or Annual gross salary: \$_____

Gross year-to-date earnings: \$_____ As of what date: _____ No Weeks Employed each year _____

Amount of tips, commission, other: year \$_____ week \$_____ month \$_____

Employee's title, position or type of work: _____

Expected change in pay: \$_____ Effective date: _____

Does the employee receive vacation/sick pay: Yes _____ No _____

Signature _____ Print Name _____

Company _____ Date _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Please Return To:

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the United States or to any matter within its jurisdiction.